DOCUMENT RESUME

ED 132 292 CE 008 525

TITLE	SREB's Nursing Curriculum Project: Summary and Recommendations.
INSTITUTION	Southern Regional Education Board, Atlanta, Ga. Nursing Curriculum Project.
SPONS AGENCY	Kellogg Foundation, Battle Creek, Mich.
PUB DATE	76
NOTE	21p.; For related documents see ED 090 843, ED 097 849, CE 008 525-526, and CE 008 776
EDRS PRICE	MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS	Conceptual Schemes; *Curriculum Development; *Educational Change; Educational Development; *Educational Planning; Health Education; Higher Education; *Nursing; Paramedical Occupations; Program Evaluation

ABSTRACT

This manual reports the summary and conclusions of the series "Pathway to Practice," the Nursing Curriculum Project conducted by the Southern Regional Education Board (SREB). The project's aims, procedures and methods, and specific findings are identified, followed by a discussion of ten recommendations concerned with implications for the nursing curriculum. Recommendations cover the areas of differentiation of workers, common base of knowledge, levels of knowledge, Associate Degree curriculum, the Baccalaureate curriculum, the graduate program, continuing education, accommodating the learners, transcending institutional boundaries, and transcending disciplinary boundaries. The conclusion points out that if the Nursing Curriculum Project as a whole has a single message, it is that nursing must firmly reject its old image of simple dependency and substitute a true image of its complexity and dependability. (HD)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED132292

SREB's Nursing Curriculum Project:

Summary and Recommendations

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Nursing Curriculum Project

SOUTHERN REGIONAL EDUCATION BOARD
130 Sixth Street, N.W.
Atlanta, Georgia 30313

1976

2

CE 008 525

This project was made possible by funds granted by the W. K. Kellogg Foundation.

Purpose, Procedures, and Findings

> "Nursing is a profession of unlimited potential. . . . I think that the most profound changes in nursing practice will come from increasing realization that nursing is not a single profession or discipline, but represents a wide—or even unlimited—range of potential service."
>
> —Nathan Hershey, 1971

The Project's Aims

Nurses today face a confusing array of choices, both when they decide which type of nursing school to attend and when they decide which of many occupational directions to take once the nursing degree is earned. The Southern Regional Education Board (SREB), recognizing that growth and change in both education and health will only increase the number of alternatives facing tomorrow's nurses, undertook a systematic study of what the South's schools of nursing might do to better prepare their graduates to work in the context of change.

The work began in 1972 after SREB's Council on Collegiate Education for Nursing endorsed the Lysaught Report and voted to seek funding for a curriculum study. The National Commission on Nursing and Nursing Education has recommended that three such studies be conducted for the purpose of clarifying varying program goals and determining their relationship to each other.

Specifically, the Nursing Curriculum Project was funded by the W. K. Kellogg Foundation to:

1. determine the future directions of health care practice as it applies to nursing;
2. develop a set of assumptions based on those determinations to be known as a theoretical framework;
3. determine the kinds of nurse providers needed by the health care system projected in the assumptions;
4. define the characteristics of practice for the different levels of workers envisioned;
5. determine the competencies needed by each level of provider;
6. and, then, define broadly the body of knowledge requisite for the development of the specified competencies in the student or graduate.

Procedures and Methods

The major part of the project's work was accomplished by a working "seminar" of thirty-six people who met six times over a two and one-half year period. Among the seminar members were some who represented the principal segments of nursing education: diploma, associate degree, baccalaureate, graduate, and continuing education programs. Additional representatives came from various kinds of nursing service and other professions closely related to nursing: nursing service administrators, nurse practitioners, clinical specialists, community health nurses, a hospital in-service educator, a vocational educator, hospital and university administrators, a systems engineer, and a physician.

These individuals met regularly, both as a whole and in small working groups, to assist with the development of the project's assumptions, conceptual framework, and recommendations. The seminar's work constituted the heart of the project: The ideas emanating from the meetings, the advice offered to the staff, the information that these persons were able to provide meant that the substantive work of the project was based every step of the way on information that was regional in scope, accurate, up-to-date, and directly in touch with events in a practical reality.

In addition to the seminar, the staff was further assisted by two smaller groups: A planning committee of six seminar members helped in structuring seminar sessions, interim assignments, and projects; and to guide the project in the tasks of recommendation and dissemination, an advisory group was created composed principally of persons who are not nurses but who in one way or another are influential in shaping nursing education in the South. Besides these formal committees and groups, the staff sought the advice and criticism of professional consultants on every phase of the project that involved products. The opinions of experts in several relevant areas—nursing practice, nursing education, health planning, medicine—contributed greatly to the substantive phases of the project's work.

Underlying all the project's deliberations was a philosophical assumption that was adopted at the outset: that nursing and nursing education could not be seen whole and accurately if seen in isolation. Systems theory, it was agreed, would provide the project with the vocabulary and a viewpoint that would serve it well, as nursing itself could be characterized as a subsystem of at least two major systems in society: health care and education.

A second basic methodological decision was made at the outset: that the traditional approach to developing nursing curricula would be

adopted, differing from the efforts that might be put forward by a single faculty only in the breadth of the base upon which a conceptual framework could be built. This difference was considered to be necessary because the project was regional in scope.

A primary step in the development of a nursing curriculum is the identification of a set of assumptions known as a "theoretical framework." In the case of a single institution, these assumptions usually represent the specific thinking of the faculty about the nature of: (1) nursing practice, (2) the roles for which nurses are to be prepared, (3) the students as learners, and (4) the educational institution of which nursing is a part.

For a regional planning effort such as this project, the theoretical framework included an examination of: (1) the future directions of the health care system, (2) the changing status of women in society, and (3) the changes in the educational institutions of which different nursing programs are a part.

Using theoretical assumptions in these areas along with known facts and statistical data, the seminar members reached conclusions about: (1) the kinds of nurses needed, (2) the competencies required of each kind, that is, a taxonomy of behaviors differentiating each, and (3) the body of knowledge that must be imparted if students are to acquire the ability to demonstrate the various competencies identified.

A regional curricular group can assemble a set of assumptions based on theory, but the result is by no means to be understood as a finished curriculum ready for adoption by individual schools. Quite the contrary; individual schools must select the theory and the specific concepts required for their own goals and design their own curricula. The theoretical framework produced by a regional group can be likened to an empty garage for public parking; it is a structure that provides a coordinated plan allowing for the use of constantly changing individual aspects of the curriculum. It is an approach that permits flexibility in the use of individual components while providing at the same time a stable base that protects coherence and permanence.

One final assumption made early in the project has been, like these others, definitive in its effects on the final product: The staff and the seminar espoused the idea that nursing curricula ought to be based on the health care needs of the people. This assumption identified the point of departure for the staff, which focused its attention in the early months of the project's work on a collection of data concerning the existing situation in nursing education and in the health care system of the South. This material was published in the project's first publication, *Nursing Education in the South, 1973.*

Specific Findings

Moving away from the immediate past, the seminar next examined evidence of future trends in the larger systems—health care and higher education—and then nursing itself as a critical subsystem. (See *Pathways to Practice*, Volumes 3 and 4, which present in detail the "conceptual framework"—i.e., all the assumptions the project considers highly relevant to the nursing curriculum.) Here, for purposes of presenting a foundation for the project's recommendations, we are summarizing in the briefest way possible the seminar's position on these issues.

It seems clear that the belief that health care is a privilege is giving way to the belief that it is every person's right. As a consequence, concern about a rational plan for the distribution of health care is rising, with increasing attention being focused on the problems of health care delivery. A national health plan will be forthcoming, probably before the end of the decade. The general concern about health care and its delivery has already stimulated the first stages of a shift among health professionals away from a traditional preoccupation with illness care and cure, toward primary and preventive health care.

Partly as a result of this shift in emphasis, and partly from such factors as technological advances, new scientific knowledge and discovery, and changes in health institutions, people in health care occupations are experiencing both a growing amount and a faster rate of change in their tasks. Health care professions are assuming more roles in common and fewer that are unique to a given discipline: Role structures are blurring and coalescing. Therefore the knowledge upon which each health occupation is based is becoming increasingly interdisciplinary, reflecting a concern for a holistic approach to persons and a multidimensional approach to problem solving.

Nursing, then, must see itself as part of an interdisciplinary effort to promote and maintain health, prevent disease and disability, and to care for, cure, and rehabilitate the sick. Health maintenance, disease prevention, and high-level wellness are as much a part of nursing's concern as are care, cure, and rehabilitation. Nursing practice requires a variety of workers differing in the use of skills and strategies for achieving goals that vary according to setting, situation, complexity of events to be dealt with, and category of care required. Recognition of the multiform nature of nursing led the seminar to an attempt to classify and define nursing roles as a basis for deriving realistic generalizations about curriculum. The members began by asking themselves whether there were a core of competencies common to all nurses: What, if anything, does the hospital staff nurse have in common with the coronary

care nurse, the nurse practitioner, the community health nurse? In other words, do all nurses have a common base of knowledge and skill?

Deliberating these questions, the seminar reasoned that, since the public mandate to nursing is, and no doubt will continue to be, the direct care of clients, clinical practice is the center of nursing. Though this central purpose does not change, new roles for nursing are emerging as the public continues to demand expansion of the system of primary health care services and as tertiary care becomes more sophisticated and more complex.

With these specific assumptions clearly in mind, the seminar was then able to construct a scheme showing the levels and kinds of nurse providers required for the future in health care delivery practice (see Figure 1) and to determine the competencies needed by various nurse workers.

The seminar's conception of the proposed role structure was actually more dynamic than can be conveyed by lines and boxes, and it should be emphasized here that the complete conceptualization makes possible vertical or horizontal movement from box to box. The other major points to bear in mind in examining this proposed model for nursing practice are these:

—The knowledge and skills required for rendering secondary care form the base for all nursing, regardless of variables in setting, role, client, etc.

—The designations "RN 1," "RN 2," etc., were used deliberately to avoid controversial titles such as "professional," "technical," "practical."

—The seminar believed strongly that clinical competence, in addition to education and experience, should be an important criterion for promotion from level to level.

Project participants and staff offer this role structure as a "blueprint" for nursing education, one that can incorporate flexibility in the face of constant change and can maintain high standards to meet the demands of a public greatly in need of excellent nursing care.

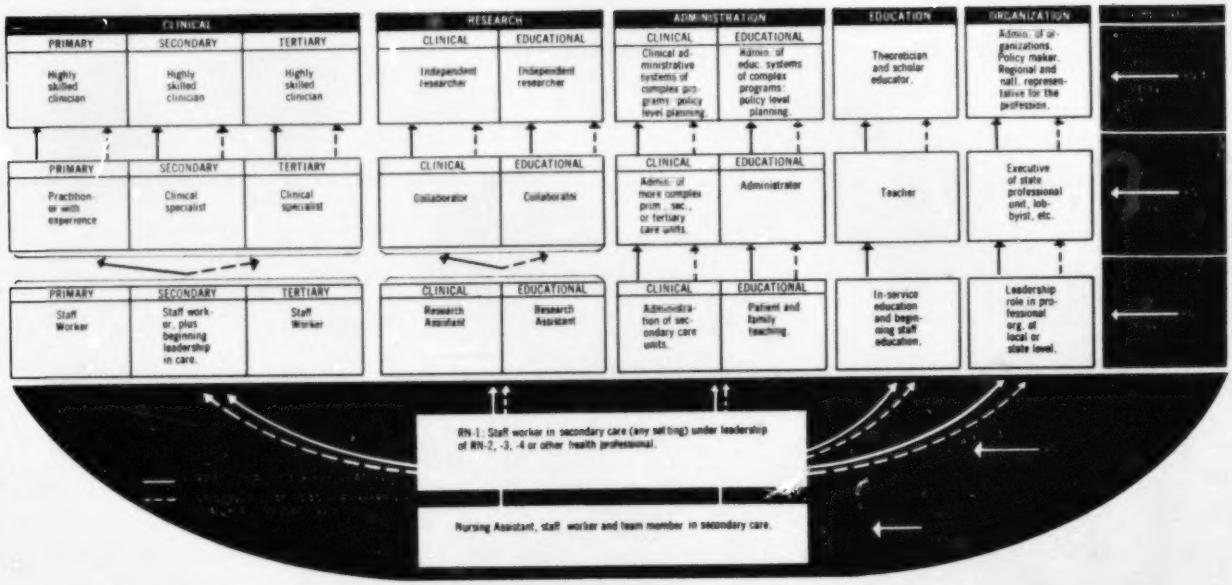

Figure 1

FUTURE TRACKS FOR KINDS OF NURSING WORKERS

Adapted with permission from *American Journal of Nursing*, June, 1976 issue.

Implications For Curriculum: The Recommendations

Seen through the lens of the Nursing Curriculum Project, nursing reveals itself as a multiform activity, a complex and still evolving system of roles and functions, encompassing the whole of nursing's mandate from the public. No single educational prescription will therefore suffice to prepare personnel to discharge the variety of services comprised in the word "nursing." No single type of educational program can be expected to produce nurses with all the skills, all the knowledge that might be required in every nursing position in every setting. Preparation for some nursing roles can be done in the associate degree or hospital program; for others, a baccalaureate degree program is necessary; and for still others, graduate education is required.

At the same time, the demands of this whole complex system called "nursing" will never be met unless the several kinds of preparatory programs can view themselves, not as unrelated entities ("You do your thing and I'll do mine," each in a separate orbit), but as equally vital parts of a coherent whole. There needs to be differentiation among the types of educational programs, but the differentiation must be planned, not fortuitous, and must be accompanied by mutual agreement on the similarities and differences. It is in order to provide a viable structure for coherence that the following recommendations have been formulated by the project.

1. Differentiation of Workers

Nursing is a range of services, not a discrete function. To fulfill its public mandate, nursing practice requires a range of workers who operate at different levels and perform different sets of activities. Physical assessment, organizational leadership, care given in homes or clinics, care that is highly specialized—all these and more, in addition to bedside nursing, are functions that are expected of the same occupational group. It is therefore essential that all concerned—nursing education, nursing practice, and other health professions whose roles interact with those of nursing—cooperate to systematize, recognize, prepare, and use appropriately the several levels and types of nursing personnel. The levels and types of workers differ in the use of nursing competencies that vary with (1) the setting in which services are given, (2) the degree of control over the decision-making process, (3) the nature of the client(s) to be served, and (4) the services to be rendered.

In other words, the notion that "a nurse is a nurse is a nurse" is a false premise. There is a wide variety of nursing roles and they are different from each other—different in the kinds, amount, and nature of knowledge and skills needed to perform them. To meet the needs of the emerging health care system, these differences must be acknowledged and planned for. Adequate planning and preparation will require of nursing education a much greater degree of unity than has been necessary in the past. Heretofore the different types of programs, in a desire to be respectful of one another, have avoided confrontation. It is time now to confront the need for recognized differences, and to coalesce into a whole that is greater than the sum of its parts.

To insure comprehensive preparation of the range of nurses needed, the project proposes as its first recommendation the following:

A system of nursing education should be designed and developed to prepare graduates for different levels and types of nursing practice—a system that reflects the structure of nursing knowledge (as described in the recommendations that follow). With a view to advancing the ability of nursing to serve a society whose health needs are growing and changing with increasing rapidity, but whose resources—human, material, and economic—can no longer be handled as if they were limitless, it is recommended that the nursing leaders and health policymakers of the Southern region plan *a system of nursing education that is designed to allow each component, each individual program, to make its unique contribution and at the same time function coherently as a part of the larger whole.* Such a system will require honest and open communication among programs and between nursing education and nursing service.

2. Common Base of Knowledge

Whatever else nursing was, is, or will be, direct care of the sick has been the constant—the traditional role. Nursing's identification as a profession is intimately and rightfully linked to illness care. We expect a nurse to be prepared to provide this kind of care whether her major assignment is screening children in a school clinic, supervising other nurses in a hospital, or heading up a clinical research team.

Despite the variations in nursing roles and functions, therefore, there is a common base of nursing knowledge that can be identified in terms of common competencies expected of all graduates of every type of nursing education program. This common core consists of the nursing knowledge needed to give *secondary* care—that is, care of clients who are experiencing illnesses that are common and well-defined, or who are in need of diagnostic evaluation or routine health-illness monitoring.

The nursing care of clients experiencing illness episodes that may be defined as secondary forms the essential core of the knowledge necessary to practice nursing. Obviously, this core may be taught in varying ways, using different teaching strategies or differing time dimensions. Clinical learning experiences may be different for different kinds of programs. However it is presented, this core of knowledge is essential for all nurses licensed to practice. Further, it should constitute the major portion of the nursing curriculum offered in programs desiring to prepare their graduates for beginning staff positions—that is, associate degree and hospital diploma programs.

To emphasize the importance of secondary care as the common thread throughout the variegated fabric of nursing, the project's second recommendation states:

The practice of nursing at all levels is based on a body of knowledge having at its center a set of competencies that are universally recognized as necessary to the provision of secondary care. This base of nursing, this set of competencies, should be further defined and developed.

3. Levels of Knowledge

The beginning staff nurse provides an essential service to society but it is by no means the only service the profession of nursing is expected to render. Nursing is also asked to care for clients whose illnesses are rare or complex and who require specialized nursing services—*tertiary* care. Tertiary care is usually associated with large hospitals or medical centers, and may involve participation in experimentation and research. It includes the need for specialized nursing competencies, such as those utilized in intensive care units, coronary care units, or post-operative care units for experimental and complex surgery.

Increasingly today, nursing is also called upon to provide *primary* care, that is, to act as the basic and life-long point of contact for any given episode of illness or for continuous health-care monitoring. Specifically, primary care includes the evaluation of new symptoms, the referral of clients to other health care practitioners and community agencies, the long-term management of chronic illness, and direct services that prevent disease and promote and maintain health. Primary nursing care is usually, though not always, rendered in the home, the clinic, or the independent nurse-practitioner's office.

Within each type of care—primary, secondary, tertiary—there are different levels of practice, with each more advanced level requiring added competencies as well as the further development of those previously used. For example, a family nurse practitioner has to know and

be able to do certain things that would not be expected of a beginning staff nurse, though she is expected to know and be able to do everything the beginning staff nurse knows and can do. The seminar believes that the system of nursing education must take these levels into account in curriculum planning, and recommends that:

The knowledge that is fundamental to each more advanced level of nursing practice is based on sets of competencies, each of which is characteristic of its own level and which builds on the base of secondary care. The body of knowledge expands at each more advanced level of nursing practice and includes the different sets of common competencies necessary to the provision of primary, secondary, and tertiary care. The body of knowledge, these sets of competencies, should be further defined and developed.

4. Associate Degree Curriculum

Secondary care is usually associated with the community hospital. It is often given in response to single episodes of illness and includes the periodic exacerbations associated with many acute and chronic diseases. The client receiving secondary care may be hospitalized for appendicitis, for example, or because he is experiencing an episode of congestive heart failure. Secondary care, therefore, addresses itself to illness episodes that are common and recurrent, even, in a certain sense, routine. The nurses giving this care are not highly specialized and may, in fact, be defined as generalists attending to illnesses that are usual, expected, and relatively predictable in terms of their outcomes. Although effective programs of disease prevention may well decrease the amount of secondary care needed by the population, it is safe to predict that secondary care nurses will always form an essential part of the nursing work force.

The nurse who gives secondary care uses processes that are standardized, in common use, and directed toward alleviating both the biophysical and the psychosocial problems of the client. Her practice includes making nursing judgments based on an understanding of the scientific rationale, or principles and concepts, underlying decisions. Her knowledge is specific and factual and can be applied directly to practice. She works primarily with the individual but within the context of the family. The practice is performed under the supervision of others, although this nurse may direct others (aides, technicians, or those less experienced) in the technical aspects of care. This nurse knows how to value research applicable to her practice.

The seminar believed that the secondary care nurse can be prepared—and well prepared—in the two-year associate degree program in nurs-

ing. The seminar further believed that if this preparation is to be thorough and to be viable as a base for advanced levels or for other practice tracks, it will fully occupy a two-year program. Therefore the project submits as its fourth recommendation:

The associate degree curriculum should be focused on the preparation of graduates to give secondary care.

5. The Baccalaureate Curriculum

The same core of knowledge—secondary care—is incorporated in the baccalaureate curriculum, but here there are other components as well. The seminar members agreed that in the immediate future baccalaureate programs must also prepare nurses for beginning positions in primary care, that these programs must offer a core of knowledge in—the base for—primary care. The baccalaureate nurse should be educated to supervise clients' health maintenance, help them promote their individual welfare, prevent disease and disability. The graduate should be capable of performing a relatively independent assessment of both the "normal" individual and the one who is experiencing minor (nonrestricting) pathology. In fact, the baccalaureate graduate having just the core knowledge may: (1) assess healthy clients, (2) screen and sort (triage) clients, (3) engage in long-term management of some chronic diseases, and (4) make independent referrals to other community agencies. The settings in which the nurse with this preparation provides these services, however, need to be structured; that is, her autonomy and responsibility should be limited by procedures and policies laid down by supervisory personnel, and back-up services of physicians and/or nurse practitioners should be readily available.

After the baccalaureate student has completed the core knowledge areas in both secondary and primary care, she may then select one of three areas of concentration: further work in secondary care, further work in primary care, or beginning tertiary care.

For example, if a student elects to continue in secondary care or begin the intensive study of tertiary care, she will have to acquire knowledge and skills in the less common and more complex problems. Her nursing judgments will include strategies to be used for those clients experiencing episodes of illness involving major or even massive pathology. The nursing process no longer will be as standardized; procedures to be followed and outcomes to be expected will not be as predictable. More monitoring of the client and his disease process will be required, as decisions on the basis of that monitoring will be made more independently by the nurse. Consequently her knowledge base

in pathophysiology, psychosocial pathology, and nursing science will need to be enlarged. Since her work will not always be done on an individual, one-to-one basis, the graduate must also be prepared to manage small groups and will need course work in such subjects as group process and organization theory.

Those students electing to concentrate in primary care will prepare for even more independent practice, including taking the medical history, giving the physical examination, and assessing the mental status of the client. This graduate will also need to know how to coordinate services needed by a group of clients, gain access for them into multiple community agencies, and work with more diversified populations.

Summing up the seminar's thinking on the baccalaureate curriculum, the project recommends that:

The baccalaureate curriculum should be focused on the preparation of graduates to give not only secondary care at the beginning level, but also primary care at the beginning level, and—at the student's choice—either primary care at an advanced level, secondary care at an advanced level, or tertiary care at the beginning level.

The seminar believed it desirable that nursing education explore the feasibility of having some baccalaureate programs provide basic nursing content (i.e., secondary care, first level) in the lower division—the freshman and sophomore years—rather than concentrate all nursing courses in the upper division as is now frequently done. This change would make it possible to expedite vertical mobility for associate degree graduates who wish to enter a baccalaureate program and progress through the system, and would yield curricular time for advanced nursing courses.

6. The Graduate Program

The characteristics of graduate practice are much harder to specify because the practice areas are so much more diverse. The scope of graduate education in nursing is very broad indeed. The "clinical renaissance" in nursing in recent years has prompted many graduate programs to switch their focus exclusively to preparing the clinical specialist and/or nurse practitioner. However, nursing still sorely needs leaders in administration, education, and organizational work as well. As a group, therefore, graduate programs must offer a great variety of opportunities. In fact, it is the project's belief that some schools in the region ought to offer generic master's programs for students already

having bachelor's degrees in other fields, so as to provide opportunity for some students to begin at the graduate level their education for nursing practice. Other schools may want to find ways to offer multiple tracks and options for graduate students at both the master's and doctoral levels.

Nurses graduating from master's programs are expected to have acquired the ability to: (1) recognize the interaction and interrelationships among various sub-systems, (2) synthesize concepts and theories into a knowledge base for practice (3) analyze and weigh variables for their respective value in making decisions or determining priorities, (4) plan educational and clinical programs, (5) predict future events based on knowledge of probable outcomes, and (6) be the "true clinicians" in nursing practice. This list is impressive, but far from exhaustive.

The core of knowledge at the master's level should focus on developing the interrelationship between theory, practice, and research. Specialization may then occur in the areas of direct client care as well as role repertoire. Students may, for example, select for specialization a target population (infant, child, adult, aged) as these might be found in primary, secondary, or tertiary settings, or they might focus on specific health problems such as hypertension, alcoholism or diabetes. Students may also elect a pattern of practice such as private, group, or institutional, with increasing or decreasing emphasis on teaching, administration, and research.

Whatever kind of specialization the graduate nurse chooses, the core of her knowledge should contain philosophy of science, advanced pathophysiology, human development in totality, and theories and concepts from the social sciences, such as group theory, change theory, theory of power, the etiology and management of sociocultural diseases. The graduate-level nurse should also be conversant with changing patterns of practice and developing health care systems.

Nursing at the master's level is directed toward the care of clients presenting multiple problems that are complex and interrelated. The nurse must be able to make nursing judgments based on the synthesis of concepts, principles, and theories to solve complex problems. The procedures she employs require her to generalize and differentiate on the basis of the interaction of the clinical data base with models, concepts, and theories. Although she is self-directed a large part of the time, she is working interdependently with other professionals.

The doctorally prepared nurse functions in all areas at an even higher level. Her practice is future-oriented, her emphasis on research is consistent, and her autonomy is at a maximum. Nursing administrators at

the doctoral level work in complex systems with increased scope and diversity. Nurses at this level often are expected to contribute to the development of nursing theory. The career goals of individuals attaining this level are highly individual and therefore may be specialist-oriented for some and generalist-oriented for others.

The need is tremendous for more nurses who can perform in the ways and at the levels just described. In recognition of the urgency of this need, the project makes the following recommendation:

Since greater numbers of nurses with graduate preparation are essential to strengthening nursing leadership, graduate programs must be given priority in planning and in allocation of resources so that graduate programs can be strengthened and greater numbers enrolled. The graduate curriculum should be focused on the preparation of leaders to heighten nursing's contribution to health care.

7. Continuing Education

People's physiological, biochemical, and psychological processes may not change much from decade to decade, but what we know about them does, as new scientific discoveries alter our knowledge base. Our ways of preventing or curing disease and disability change even more rapidly with new technological advances. On top of all these changes, we are in process of redesigning our health care system to include unaccustomed roles for nurses, calling for skills they have not had to acquire before. Today's graduate nurse can quickly become obsolete if her education stops when she qualifies for licensure. Because of the threat of obsolescence and the growing public concern about the quality of health care, state legislatures are beginning to demand continuing education as a condition for relicensing nurses, physicians, and other health professionals.

Though many schools of nursing and professional organizations are engaged in continuing education, and some are doing a fine job, still the overall picture is one of sporadic offerings and uneven quality. Nurses in many locations are underserved or must subject themselves to significant inconveniences to take advantage of continuing education offerings that frequently do not meet their professional needs.

This is not to say that every nursing education program must, or even should, attempt to offer continuing education. There are schools that simply do not have and will not have enough depth of resources to do so without jeopardizing their basic nursing programs. It does mean that nursing education collectively must see to it that continuing education is ongoing, accessible, and of high quality. Achievement of this

goal will require planning on a more-than-local basis and with the cooperative participation of many institutions and agencies. It will also require active recognition of the importance of continuing education to the profession as a whole and to the individual practitioner. If the public's health needs are ever to be met, continuing education of nurses will have to be elevated above its present level as second-class citizen in the educational "pecking order."

The project's position is that continuing education is a prime responsibility as well as a prime need of nursing. The following recommendation is therefore proposed:

Programs of higher education should incorporate continuing education as part of their regular structure, according it equitable priority in allocation of time, attention, and resources, and assigning to it faculty with academic credentials equal to faculty of other programs.

8. Accommodating the Learners

A crying need of many nurses is for additional formal (degree-granting) education. Nurses holding diplomas or associate degrees and seeking upward mobility in the profession want to work toward bacheor's degrees. Licensed practical nurses (LPNs) wish to become registered nurses (RNs). Aspirations for upward mobility receive impetus from hospitals and other health agencies where associate degree graduates must be pressed into responsibilities for which they are not prepared, and where the need is strongly voiced for more nurses prepared at the baccalaureate level.

The desire for more formal education is also keenly felt by nurses who want to prepare for the new roles, new jobs, new possibilities they see opening up as innovation in the health care system continues apace. Nurses with these ambitions frequently must undertake graduate study to ready themselves for the kind of change they seek.

However, once the nurse has entered the work force, she usually finds that the barriers to her pursuit of more formal education are formidable indeed. Inflation has affected tuition rates as it has everything else: Not many nurses can afford to take course work unless they can keep on earning while they do so. This usually means they cannot enroll for courses offered during the traditional eight-to-five time slots. Many working nurses have families, so that the necessity to relocate in order to to be close to an educational program is often prohibitive. For many, especially those with family responsibilities, the needed program takes too long and its requirements do not permit any reduction of time by allowing credit for what the nurse has already mastered in a previous program or through experience.

Rigidity in the structure of educational programs not only places obstacles in the way of prospective students; it militates against accommodating valid individual interests and professional needs. An inflexible program is a deterrent to additional education for those nurses whose previous work is necessarily limited and whose experience has given them a basis for wanting to pursue particular avenues of earning. Further, rigidity prevents the program itself from adapting responsively to changes in health care needs and in the health care delivery system.

The project therefore recommends that:

Programs of nursing education at all levels must incorporate flexibility in offerings, requirements, and time-and-place options for study. This recommendation should not be construed to mean that all educational programs should try to provide all possible options. It does mean that viable options need to be much more widely available than they now are.

9. Transcending Institutional Boundaries

With the diversification now occurring in the services expected of nurses, at a time when resources for education are seriously constrained, it is very doubtful that any single program can be all things to all students. But a group of institutions working together can collectively provide a wide spectrum of options and opportunities. Joint action among programs can enable institutions to economize by avoiding unnecessary duplication, thus releasing scarce resources for something else. It can furnish wider access to specialized materials, facilities, or expertise. It can provide a vehicle in which strong programs can assist developing programs. It can extend the capabilities of all for service to the community. It can lend strength to participating institutions in seeking support. And it can provide a way for nursing education to achieve a reasoned growth and orderly development.

The specific forms of interinstitutional cooperation range from a somewhat loose "gentlewoman's agreement" among two or three programs to a system created by the activities of a strong statewide planning body.

The project recognizes that any interinstitutional enterprise must be prepared to surmount such perils as failure of communication, struggles for ascendancy, and differences in perspectives or purposes. However, it is with the conviction that nursing has more to gain than to lose that the following recommendation is made:

Programs of nursing education should seek and sustain interinstitutional cooperation in order to strengthen educational services and resources.

10. Transcending Disciplinary Boundaries

If it is true (and we believe it is) that roles of the various health professionals tend more and more to overlap, it is fairly obvious that their knowledge bases are overlapping too. This is partly due to our feeling that we need to return to holism in health care—to the client as a total person rather than as an aggregate of discrete symptoms and ailments—at the same time that the number of health occupations and professions is increasing so dramatically. We have given lip service to the concept of a health care "team" for so long that the words had lost their force before the concept itself could take on the meaning of action. Perhaps we need to invent a new phrase to express the present urgency of a transdisciplinary approach to health care. The urgency becomes greater as we realize that roles are changing right now and are predicted to continue changing in the future.

A strong interdisciplinary component in the education of future health professionals seems mandatory. All must care for the same clients and all must work in the same large community, the same system of institutions and agencies. Each discipline borrows much from the others and in turn has much to offer them.

Recognizing the importance of strengthening interdisciplinary sharing in both pre-professional and advanced educational programs, the project makes the following recommendation:

Curricular structure in nursing should be interdisciplinary as well as intradisciplinary. Cooperation and collaboration with other health care disciplines should be sought actively by nurse educators. Where appropriate, joint courses at several levels should be developed and nursing faculty should be given joint appointments in other departments.

Nursing has much to gain by overtly acknowledging in this way the interdependence of the health disciplines. Nursing students will demonstrably hold their own with students from other health fields. Nursing faculty will hold their own with faculty from other health professions. Nursing can relinquish the self-defeating arrangement of hiding its light under a bushel and lamenting its invisibility.

Conclusion

If the Nursing Curriculum Project as a whole has a single message, it is that nursing must firmly reject its old image of simple dependency and substitute a true image of its complexity and dependability. The correct image can be effected, not by vociferous protest, but by preparing it, assuming it, and living it.

OE 0088-325

Each of the project's recommendations addresses one facet of the total responsibility nursing education bears in this process. The recommendations were formulated with care and vision by a varied group of thoughtful nurses and a few associates. They believe that each recommendation if implemented will strengthen nursing and enlarge its contribution to the health care of our society.

Publications of the Nursing Curriculum Project

Haase, Patricia T., and Smith, Mary Howard. *Nursing Education in The South, 1973.* Pathways to Practice, Vol. 1. Atlanta: Southern Regional Education Board, 1973.

Reitt, Barbara B. (ed.). *To serve the future hour: An anthology on new directions for nursing.* Pathways to Practice, Vol. 2. Atlanta: Southern Regional Education Board, 1974. (Out of print.)

Haase, Patricia T., Smith, Mary Howard, and Reitt, Barbara B. *A workbook on the environments of nursing: Theoretical framework, part 1.* Pathways to Practice, Vol. 3. Atlanta: Southern Regional Education Board, 1974.

Haase, Patricia T. *A proposed system for nursing: Theoretical framework, part 2.* Pathways to Practice, Vol. 4. Atlanta: Southern Regional Education Board, 1976.